

# PRIVACY ACT RELEASE FORM

## PLEASE PRINT CLEARLY

### INSTRUCTIONS

- Read all instructions carefully before completing application.
- If any applicable part of the form is left blank, it will not be processed.
- Ensure eligibility – Cases are not taken from lawyers. See below for immigration cases.

Mr. /Mrs. /Ms. Full Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please send completed form to: Congressman John Culberson**

**10000 Memorial Drive, Suite 620  
Houston, Texas 77024-3490  
Fax: (713) 680-8070**

**Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code) permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. John Culberson to make inquiries to the appropriate officials on your behalf.**

**To begin your inquiry, provide all pertinent information (if immigration, see below):**

Federal Agency Involved: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Numbers Identifying Your Claim: \_\_\_\_\_

### **This Section is for Immigration Casework Only**

Please Check One: ☐ Citizenship & Immigration Services (CIS) ☐ Department Of State (DOS)

Alien #: A \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**You must provide a copy of your Receipt Notice for CIS applications**

Petitioner's Name: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Eligible Petitioners Include: ~Person whose name is on the claim ~Employer or potential employer

~Immediate family member\* or fiancé(e) ~Cases are not taken from lawyers

\*Mother, Father, Sister, Brother, Children, Spouse, Grandparent, Step-Parent, Step-Sibling

**Please briefly describe your situation or the information desired. Use the back of this sheet or attach a separate page, if necessary. Be sure to provide any necessary documentation.**

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**Honesty Policy:** Please understand that by requesting assistance from my office, you are obligated to provide true and correct information regarding your situation. Failure to disclose all information or any deliberate attempt to mislead me or my staff may result in the termination of assistance.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_